Laparoscopy can prevent futile primary cytoreductive surgery

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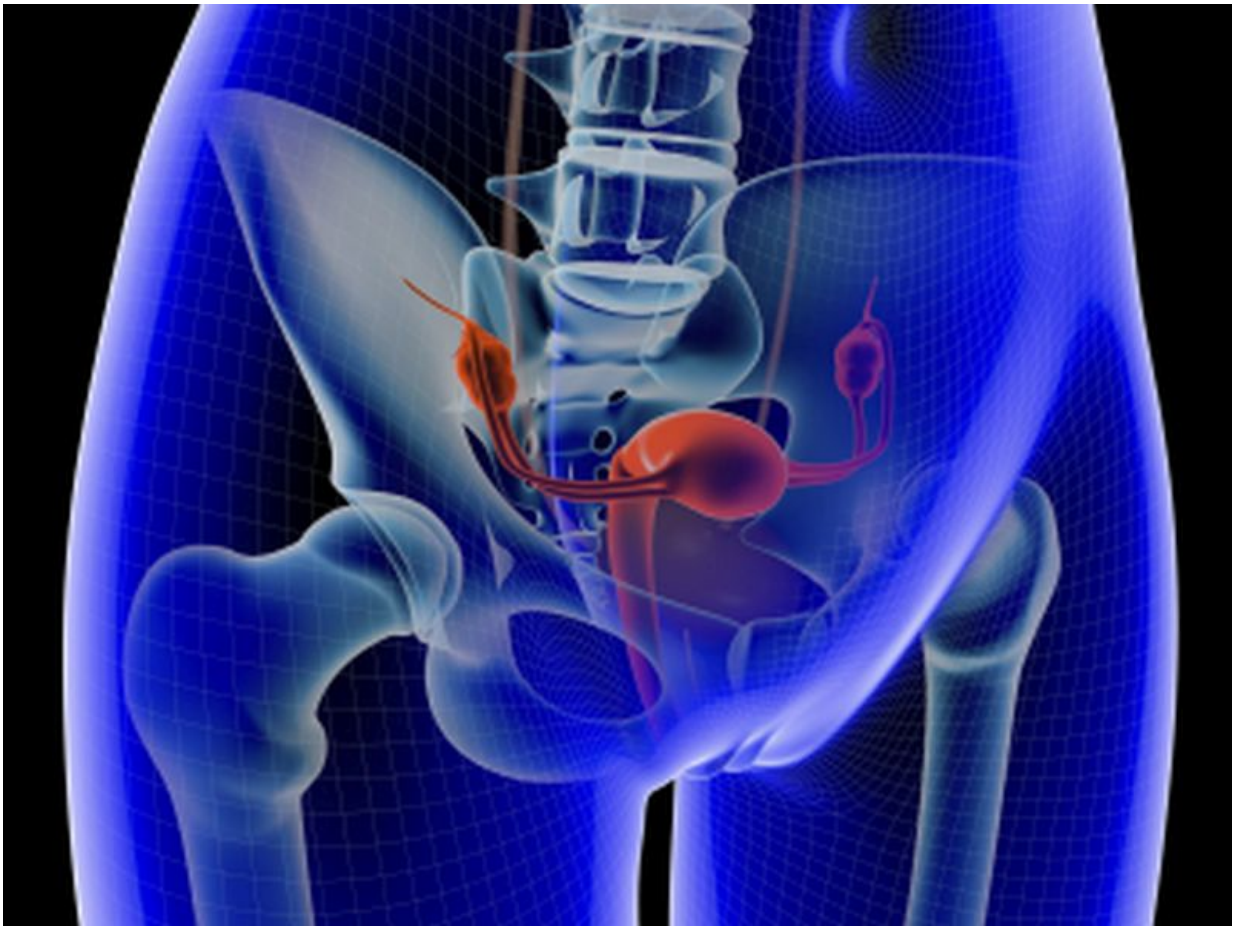

(HealthDay)—Diagnostic laparoscopy reduces the number of futile

laparotomies in women with suspected advanced-stage ovarian cancer, according to a study published online Dec. 28 in the *Journal of Clinical Oncology*.

Marianne J. Rutten, M.D., Ph.D., from the Academic Medical Center in Amsterdam, and colleagues conducted a randomized controlled trial that involved eight gynecologic cancer centers. Patients with suspected advanced-stage ovarian cancer who qualified for primary cytoreductive surgery (PCS) were randomly assigned to either diagnostic laparoscopy (102 patients) or primary surgery (99 patients). Laparoscopy guided selection of primary treatment (primary surgery or neoadjuvant chemotherapy followed by interval surgery). Futile laparotomy, defined as a PCS with residual disease of >1 cm, was the primary outcome.

The researchers found that 63 of 102 patients in the laparoscopy group underwent PCS versus 93 of 99 patients in the primary surgery group. Futile laparotomy occurred in 10 percent of those in the laparoscopy group versus 39 percent in the primary surgery group (relative risk, 0.25). Three percent of patients in the laparoscopy group underwent both primary and interval surgery versus 28 percent of patients in the primary surgery group.

"In women with a plan for PCS, these data suggest that performance of diagnostic laparoscopy first is reasonable and that if cytoreduction to